							eclaratio	n Contr	ol Numbe	r (DCN)		_	П	 - 9	
	045			S Indivi	idual li	ncom	o Tay	Dec	larati	on		l om	IB No. 15	645-0936	
Form	845	3	U.S. Individual Income Tax Declaration for Electronic Filing									7.0.00			
Department of the Treasury Internal Revenue Service			For the year January 1–December 31, 1988									1988			
Use	IRS	Your first na	Your first name and initial (if joint return, also give spouse's name and initial) Last name							Your social security number : :					
	erwise,	Present hor	resent home address (number, street, and apt. no.or rural route). (If you have a P.O. Box, see instructions on back.)									: e's socia	: Il securit	ty number	
plea prin		City, town o	City, town or post office, state, and ZIP code										: : Telephone number (optional)		
type.		name changed during the past 3 years due to marriage, divorce, etc., and he or she filed a Fed										()			
If the	e taxpayer's former name	name cha e, print the	nged during the former name(s)	past 3 years of in the space (due to mar provided b	riage, div elow.	orce, etc	., and h	e or she f	iled a Fed	leral in	come t	ax retu	ırn usıng	
First	name and initial	· Van van					Last	t name							
Pai	tl Tax	Return Ir	nformation (W	hole dollars	only)										
		•	40, line 23; Form								1				
			line 53; Form 10 hheld. (Enter fro								3				
			ne 63; Form 104						<u> </u>		4				
Pai	rt II Dire	ct Depos	it of Refund (See the inst	ructions	on the b	ack of t	his for	m.)						
2,	E Nama s	of financial	institution and	if applicable	hranah										
ns W- e.	5 Name (JI IIIIaIICIaI	institution and,	П аррпсавіе,	Dianch										
ır Forr 2P her	6 Routing	g transit nu	ımber (RTN)					1 1							
of you	7 Deposit	tor accoun	t number (DAN)												
Attach Copy B of your Forms W-2, W-2G, and W-2P here.	8 Type of	depositor	account:	Savings (DR 🗆	Checkin	g								
ttach V	9 Source	code:	Check OR	Other											
۹.	10 Indicat	e owner of	depositor accou	ınt (check one	e): 🗌	Self	□н	usband		Wife OR	[☐ Hus	sband a	and Wife	
Pai	rt III Dec	laration o	of Taxpayer												
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Plea	ase						-								
Sign Her		Your signa	ature			Date		- ▶	Spouse's sig	nature (if jo	int retur	n, BOTH	must sig	n)	
Pai	rt IV Dec	laration o	of Preparer/Ti	ansmitter (If the tra	nsmitte	r did no	t prepa	are the t	ax retur	n, che	ck he	re. ▶		
the t	taxpayer's n	ame showi	cpayer's return is	tion agrees wi	th the nam	ne that a _l	ppears on	the pro	ge and, if	applicab ount. A co	le, that	t I have all form	verifie s and	d that	
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Preparer's/ Transmitter's Use Only		Firm's nam yours if self	e (or -employed)						Jen-employ	E.I. No.	<u> </u>		:		
		and address	S. Inproject)							ZIP code					

Paperwork Reduction Act Notice

We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

 Recordkeeping
 20 minutes

 Learning about the law or the form
 3 minutes

 Copying, assembling, and sending the form to IRS
 17 minutes

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to the **Internal Revenue Service**, Washington, DC 20224, Attention: IRS Reports Clearance Officer, TR:FP; or the **Office of Management and Budget**, Paperwork Reduction Project, Washington, DC 20503.

Declaration Control Number (DCN)

The DCN is a 14-digit number assigned to each taxpayer account. The preparer should enter the electronic filer identification number, the appropriate sequential number, and the appropriate serial number in the boxes in the upper right corner of the form as follows:

Boxes	Entry
4–8	Electronic filer identification number (EFIN) assigned by IRS
10-13	Sequential number assigned to the return by the electronic filer
14-15	Serial number (00 through 99) assigned to the return by the electronic filer

Example.— The electronic filer identification number is 12345. The sequential number is 6789. The serial number is 10. The DCN to be entered in the boxes should be shown as 00-12345-678910-9.

Name, Address, and Social Security Number

If the taxpayer received a mailing label from us, place the label in the name area. Mark through any errors on the label and print the correct information on the label.

If the taxpayer did not receive a label, print or type the taxpayer's name, address, and social security number in the spaces provided on the form.

P.O. Box.—If the post office does not deliver mail to the taxpayer's street address and the taxpayer has a P.O. box, enter the P.O. box number on the line for the present home address instead of the street address.

Name Change.—If the taxpayer's name changed during the past 3 years because of marriage, divorce, etc., and he or she filed a Federal income tax return using the former name, **print** the former name(s) in the space provided on the form.

Part II. — Direct Deposit of Refund

 $Complete\ lines\ 5\ through\ 10\ \textbf{ONLY}\ if\ the\ taxpayer\ elects\ to\ have\ the\ refund\ directly\ deposited\ to\ his\ or\ her\ account\ in\ a\ financial\ institution.$

Line 6.—Enter NINE digits. If the routing transit number (RTN) has fewer than nine digits, the account is ineligible for Direct Deposit.

Line 7.—Enter a maximum of 17 characters. If fewer than 17 characters left, justify the depositor account number (DAN) with trailing blanks. Include hyphens, but omit spaces and special symbols. This field is alphanumeric.